

## Council of Governors

<b>Date of meeting:</b>	10 December 2025
<b>Report Title:</b>	Board Proceedings Report
<b>Executive/NED Lead:</b>	George Chalkias, Director of Governance
<b>Report author(s):</b>	Ann Filby, Trust Secretary
<b>Action required:</b>	For discussion

### Executive summary

To support the Council of Governors in discharging its responsibility to hold the Board to account, through the Non-Executive Directors, a summary of matters discussed at the Board meeting held in public on 4 September and 6 November 2025 is presented.

The Council is gently reminded that it is not authorised to alter or reinforce the Board's decisions, but that it can hold the Non-Executive Directors to account for them, by way of explanation and discussion.

### Action requested of the Council

The Council is invited to note the proceedings and decisions of the Board.

## **Report of Board proceedings**

This report is provided to support the Council of Governors in understanding the matters considered and key decisions taken at the Board meeting held in public in September and November 2025; but it is not intended to substitute the formal minutes of the proceedings.

Governors have access to the papers for the meetings of the Board held in public, which are published on the Trust website and a link is sent to the Council. The papers can be found here.

[September 2025 ESNEFT board meeting papers](#)

[November 2025 ESNEFT board meeting papers](#)

Governors can attend and observe meetings of the Board held in public and are encouraged to attend at least one meeting of the Board in each year, to support their understanding of how the Board works as part of the discharge of their responsibilities.

Issue	Summary	Actions agreed
<b>6 November 2025</b>		
Patient experience	<p>The Chief Nurse provided an update to a previous Board story.</p> <p>The Director of Midwifery attended to share a film related to maternity care highlighting the challenges faced by African women, the cultural issues they can face, and the support they need. Additional information was provided regarding personalised support plans, a document that women complete with their midwife, the universal offers and individualised work for communities, listening events, the Roma advocate and work with local voluntary groups. A Consultant midwife shared the research she was doing to understand why women often do not feel they have been heard or listened to and described the commitment to continuing to improve their experience. A midwife of 30 years also attended and discussed the study of African women and the importance of acting on the barriers and enablers to them accessing services.</p>	The Board received the update.
Chair's update	<p>The Chair acknowledged this period of challenge; the implementation of Epic and these issues would frame much of the discussion. The Board was advised that this would be the Chief Executive's last meeting in public following his announcement that he planned to retire. The people of Ipswich, East Suffolk, Colchester and North East Essex owed him a great debt for what had been achieved over the last 13 years. This was also the last Board meeting in public for the Trust Secretary and the Director of Governance; their influence has been positive and their support to the Board and to the Chair was acknowledged.</p>	The Board received the update.
Chief Executive's update	<p>The Chief Executive referred to the Epic implementation which in contrast to other Trusts' experiences had been positive. There had been no return to paper, and we reported in the first week post go-live. He put on record his praise for each member of staff who had undertaken their training, the divisions' provision of ambassadors, to the Epic team, to the implementation team and its leaders, to the extraordinary work done by the training teams, and to the Director of Digital, Logistics and Operations for his vision and leadership. Epic will improve every patient and staff experience every day. The Board was also invited to note the summary of key matters considered at the meetings of the Essex ICB held on 18 September and 16 October 2025.</p>	The Board received the update.

Issue	Summary	Actions agreed
Integrated Performance	<p><b>Quality and Patient Safety Committee, 25 September and 30 October 2025:</b> Key Issues reports highlighted a review of the Board Assurance Framework risk relating to quality of care and a recommendation to increase the risk rating, ambulance offload delays/capacity from a quality and patient perspective, a Fundamentals of Care Board Assurance Report, assurance was received on the Seasonal Variation Plan whilst there will be challenges, and the Infection Prevention and Control Annual Report was recommended to the Board.</p>	The Board received and noted the two Key Issues Reports and approved the revised BAF4
	<p><b>Performance and Finance Committee, 24 September and 29 October 2025</b> The recovery plans across urgent and emergency care, cancer and elective care were received and discussed in detail. A full briefing was provided on the management of elective pathways. Whilst there is a clear deterioration from plans, confidence was expressed that the deliverables at the end of March 2026 would be achieved. The Board was advised of four taskforces that had been set up to support delivery.</p> <p>The Committee took delegated authority from the Board to review and endorse the winter plans and was assured by the rigour, and the synergies between the Committee and the Quality and Patient Safety Committee (QPS). The financial position was discussed and the adverse variance, divisional financial recovery plans had been received with some good solutions and recurrent benefits. A series of additional controls had been implemented, authorisation limits had been raised as agreed at the previous Board, and proactive rather than reactive bank and agency controls. The cost improvement programme was discussed and was currently behind plan. Financial support is being discussed with the ICB.</p> <p>The Board was briefed on the plans in place to support the industrial action.</p>	The Board received and noted the reports presented for assurance
	<p><b>People and Organisational Development Committee, 11 and 15 September 2025</b> Key issues reports were presented from the scheduled meeting, covering equality data – Workforce Race Equality Scheme (WRES) and Workforce Disability Equality Scheme (WDES) and the annual reports – the Freedom to Speak Up report and leadership development. An additional Committee meeting was held to consider the people domain of the Provider Capability Assessment.</p>	The Board received and noted the reports presented for assurance.
Integrated Performance Report	Presented for month 6 (September 2025).	The Board noted the Trust's performance.

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Quality and Patient Safety	<p>The <b>Infection Prevention and Control Annual Report</b> was presented, describing the strengthened governance arrangements, next steps for the improvement plan, the trajectories achieved in some areas and the breaches in other areas, and a changing picture towards the end of the year with several outbreaks including CPE. With robust management there had been a significant improvement in terms of the numbers of CPE cases and a strengthened screening programme, largely related to community prevalence with some transmission in hospital. National expertise and estates work led to a much better position following samples of aspergillus which were colonised in critical care. There had been no cases for some months, confirming that surveillance is important in preventing such infections. There was work to do to strengthen assurance around cleaning standards and the Infection Prevention and Control Board Assurance Framework will be given better visibility at Quality and Patient Safety Committee and then to Board.</p> <p>The <b>clinical presentation</b> focussed on health inequalities, the current strategy and areas of work including reviewing whether there are any inequalities created by delivering healthcare. The CORE20Plus5 approach was described and the key clinical areas of health inequalities and impact on health outcomes. A summary of the achievements from 2024/25 covered tobacco treatment and the quit rate, Making Every Contact Count, community outreach, asthma outreach, and health inequalities awareness sessions to divisions. The Chief Medical Officer concluded that the Board had supported this programme recognising that the Trust may not see the direct benefits. To stop this work now would be fundamentally wrong for patients and would negatively impact the connections made with our communities and our partners.</p> <p>The nursing and midwifery skill mix review six monthly update demonstrated good progress in delivering the recommendations whilst there have been challenges in consistently meeting fill rates, roles have been offered to all newly qualified nurses and midwives, in effect over-establishing, and reducing impact on temporary spend. The Board was briefed on the changes being made for the next review.</p> <p>An update was provided on the work being undertaken following the Care Quality Commission inspection at Colchester Hospital, with a link provided to the recently published report. Work is ongoing to address the concerns raised, tackling the root cause through five clinically led work streams reporting to the Fundamentals of Care Board. A shorter inspection had now taken place at the Ipswich site, and the feedback letter outlined the positive elements from that visit and some concerns. A Trust-wide approach is being taken for this long-term improvement programme and a meeting with stakeholders enabled progress to be described. An overview of the requirements for the Well-led inspection taking place from 25-27 November was also provided.</p>	<p>The Board received and noted the Infection Prevention and Control Annual Report for 2024/25</p> <p>The Board approved the outcome of the six-monthly review and supported the recommended actions to optimise achievement of the right staff with the right skills in the right place.</p> <p>The Board reviewed the outcome of the inspections and noted the planning for the well-led inspection.</p>

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Strategy and Transformation	<p>The Strategy Programme Director provided assurance that work was progressing to deliver the <b>Medium-Term Plan</b>. The December 2025 and February 2026 submission requirements were described. The Chief Medical Officer and Deputy Chief Medical Officer were overseeing revisions to the Clinical Strategy with clinicians.</p> <p>An update was received on ESNEFT as an Anchor Organisation, highlighting that over 2600 students had engaged in career events, over 700 students had completed work experience, three schools have launched new facilities in 2025/26, the second cohort of the medical doctor degree apprentices has started, all to support the future pipeline of staff. As purchasers social value criteria was applied to 181 tender exercises with a contract value of £26m, progressing sustainable opportunities.</p> <p>The Property and Estate Strategy set out the programme of work to achieve and develop a safe, functional, sustainable and value for money estate to benefit the patient environment, to be fit for the future and to comply with the law. The estate will be developed to enhance our built environment, to eradicate backlog maintenance by 2034 and make the best possible use of our estate. Buildings need to be modern and flexible to enable ease of change and to reduce energy and our carbon footprint.</p>	<p>The Board endorsed the approach for phase two work set out in the report.</p> <p>The Board received the presentation.</p> <p>The Board approved the Property and Estates Strategy 2025-30 with the caveat that this would be revised should it be required.</p>
People and Organisational Development	<p>The Freedom to Speak Up Guardian attended to present the quarter 2 figures and confirmed receipt of 61 cases, consisting of nine anonymised, 23 relating to patient safety and 31 to worker safety. The Speak up wheel has been updated to include QR codes to enable ease of access to the support staff need. A raising concerns toolkit is being prepared to support managers to respond well and to answer concerns raised. The report included the annual review of the reflection and planning tool.</p> <p>The WRES Annual Report was considered, with a focus on responding to concerns, education, experience and reverse mentoring, appraisal training commitment, the Springboard programme, My Career Matters and taking a deep dive into recruitment and selection.</p> <p>The WDES Annual Report highlighted what we are already doing relating to employee relations cases; our relationship with Essex Carers Limited and the Memorandum of Understanding in place to help us provide meaningful and appropriate work for colleagues with learning disabilities and autism, work that has been recognised nationally; the reasonable adjustments passport which was working well; and a focus on inclusive recruitment.</p>	<p>The Board noted the report for information and approved the annual review of the FTSU reflection and planning tool.</p> <p>The Board approved the WRES and WDES 2024/25 Annual Reports. Once approved, that report is required to be published on the Trust's website before 31 October 2025.</p>

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<b>Governance</b>	<p>A Key Issues reports was received from the <b>Audit and Risk Committee</b>. The Board was advised of discussions at the meeting held on 16 September which included an update on both internal and external audit, a partial assurance internal audit report on safeguarding, the RSM contract was extended by one year, the final EY (external audit) report, cyber security controls and counter fraud updates, and a 10% increase in decision makers' declarations of interest since 31 March.</p> <p>The <b>Provider Capability Assessment</b> was re-presented to the meeting in public.</p> <p>The <b>Trust Seal</b> update confirmed that the seal had been used on 16 occasions since the previous report to the Board.</p>	<p>The Board received and noted the reports presented for assurance.</p> <p>The Board noted the assessment process completed for each of the domains and the detailed evidence and approved the assessment.</p> <p>The Board noted the report.</p>
<b>4 September 2025</b>		
Chair's update	<p>The Chair highlighted the appointment of Integrated Care Board (ICB) Chairs and following approval from the Secretary of State for Health and Social Care the new ICB clusters. Provider oversight would move to the regional team over Quarters 3 and 4 prior to formal hand over from April 2026. The Chair advised that cardiac care for patients in north Essex would be improving with new arrangements being put in place for more patients in the Colchester and Tendring areas to receive their percutaneous coronary intervention treatment at the specialist Heart Centre at Ipswich Hospital rather than travelling to Basildon. The Colchester and Ipswich Hospitals Charity had awarded £174,000 for seven new research projects funded by a generous legacy gift left by a supporter which had allowed the launch of the Charity's first Research Grant Programme. The Board was also advised of the flu vaccination campaign for all colleagues and new look restaurants at both Colchester and Ipswich Hospitals following the appointment of Sodexo.</p>	<p>The Board received the update.</p>

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Chief Executive's update	<p>The Chief Executive referred to work being undertaken to understand the 10-year plan, with the shift in accountability back to individual organisations and clarity of the Board's role. Integrated Health Organisations (IHOs) would be at the core which signified a radical reform in the structure and governance of the NHS. The planning for the Epic Electronic Patient Record go live was described, representing an unprecedented change for all patient interactions from 2 October 2025. The Green Surgical Hub Accreditation visit by the Getting it Right First Time team had been hosted on 3 September 2025. The Hub was supported through the Targeted Investment Fund (TIF) to provide high volume low complexity surgery, and this formal accreditation visit was an important step in the award of funding.</p> <p>The Board was invited to note the summary of key matters considered at the meeting of the SNEE ICB held on 15 July 2025.</p>	The Board received the update.
Integrated Performance	<p><b>Quality and Patient Safety Committee, 25 July and 28 August 2025:</b> Key Issues reports highlighted a deep dive into mental health services and the key issues impacting people who have mental health needs, how these could be better met in the acute hospitals and the priority areas for improvement. The Committee had welcomed the case studies, providing powerful examples of the complexity of these challenges, and reflected on a very helpful presentation which had provided assurance that progress was being made. There were two alerts and two escalations from the meeting held in August.</p>	The Board received and noted the two Key Issues Reports
	<p><b>Performance and Finance Committee, 30 July and 27 August 2025</b> All Board members were invited to attend the meeting on 24 September to consider the UEC plan. Reference was made to impressive teamwork in the Green Surgical Hub and the Committee noted concerns around Cost Improvement Programme performance and the grip and sustained effort to meet targets, both internal and external. The financial position was tight and would need to improve.</p> <p>The Director of Operations – Colchester advised that there was a level of unmitigated risk currently related to the Urgent and Emergency Care (UEC) Plan, particularly in relation to the projected bed deficit at the Colchester site and the Performance and Finance Committee had discussed this in detail. It was proposed that the UEC plan and Board Assurance Statement was presented to the Performance and Finance Committee when further work had been undertaken requesting approval before submission. The Quality and Patient Safety Committee would scrutinise the deliverables of the plan throughout the winter to enable confidence in the contingency plans in place to manage safety risks and to ensure effective oversight, particularly at Colchester.</p>	The Board received and noted the reports presented for assurance and delegated the Urgent and Emergency Care (UEC) Plan sign off to the Performance and Finance Committee

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	<p><b>People and Organisational Development Committee, 17 July 2025</b>  A key issues report was presented with no alerts and one escalation relating to the Committee's Terms of Reference being recommended for approval. The positive position for apprenticeships was noted, and a detailed discussion took place in relation to implementation of Epic and the training requirements. The Medical Appraisal and Revalidation report was recommended to the Board for approval. The Director of People and Organisational Development highlighted the vacancy rate, work on flexible working, the staff survey and the Mutually Agreed Resignation Scheme.</p>	<p>The Board received and noted the report presented for assurance.</p>
<p>Integrated Performance Report</p>	<p>Presented for month 4 (July 2025).</p>	<p>The Board noted the Trust's performance.</p>
<p>Quality and patient safety</p>	<p><b>The Learning from Deaths Annual Report 2024/25</b> advised that although the Trust finished the year with higher-than-expected values for HSMR (Hospital Standardised Mortality Ratios) and SMR (standardised mortality rate), crude trends for inpatient deaths were continuing to drop. In terms of learning, the continual challenge in mortality reviews was achieving quality reviews from all specialties with engagement in mortality and morbidity meetings and promoting collaborative learning within the multi-disciplinary team which further improved care. The implementation of Epic would help to capture more information.</p> <p>The <b>clinical presentation</b> was provided by the Clinical Director of the Essex and Suffolk Elective Orthopaedic Centre which opened in November 2024. This described the benefits of the new facility, that 50-60 consultant orthopaedic surgeons now operated treating over 4,000 patients in the eight operating theatres and 72 ringfenced beds over three wards. There was discussion on a range of issues and the benefit for patients was recognised. The timeline for a post project review was questioned.</p> <p>The <b>Health and Safety Annual Report</b> demonstrated significant progress in strengthening health and safety management.</p> <p>A report on the <b>Maternity and Neonatal Improvement Board</b> meeting held on 17 July 2025 was received.</p> <p>The <b>Premises Assurance Model Assessment</b> provided assurance on the Trust's compliance with statutory, regulatory, and legislative standards relating to the estate and facilities. The 2024/25 self-assessment achieved an overall rating of 'Requires Minimal Improvement', consistent with the previous year.</p>	<p>The Board received and noted the report.</p> <p>The Board received and welcomed the report</p> <p>The Board received and noted the report.</p> <p>The Board approved the findings of the 2024/25 PAM self-assessment and noted the overall rating of 'Requires Minimal Improvement', ahead of submission to NHS England by 30 September 2025.</p>

<p><b>People and Organisational Development</b></p>	<p>The <b>Medical Appraisal and Revalidation Annual Report</b> confirmed 235 recommendations were made to the General Medical Council (GMC). 183 were positive recommendations to revalidate and 53 deferrals were made where required evidence was missing. 44 doctors had since revalidated, two had left the Trust and the remaining seven were due to be revalidated before 31 March 2026. Four non-engagement notices were submitted to the GMC during the reporting period for failure to engage with the appraisal process, all of which had been successfully resolved.</p>	<p>The Board received the report for assurance and information purposes and approved the completed Statement of Compliance for submission to NHS England on 31 October 2025.</p>
<p><b>Governance</b></p>	<p>The <b>Board Assurance Framework</b> was presented for review and approval, describing the changes in managing the most significant risks to the Trust.</p> <p>The outcome of the annual <b>Board Effectiveness Review and Terms of Reference</b> described the minor changes required and updated on changes to Committee membership which would be presented once new members were in place. As part of the preparations for an external review of the Trust's governance arrangements and the well-led domain in early 2026/27, a survey had been issued to Board members to gather their views with reference to the revised well led framework. In addition, expressions of interest were being sought by NHS England to undertake a new Board Development Programme.</p>	<p>The Board noted the Executive Lead and Assurance Committee responsible for each risk and approved the current version of the Board Assurance Framework.</p> <p>The Board approved the Terms of Reference and General Orders and the submission of an expression of interest for the Board Development Programme.</p>